GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Supplementary Nutrition Programme – Launching of "State Nutrition Mission" in Andhra Pradesh 2016-26 to aims to eradicate the Malnutrition in the state in the next 10 years –Constitution of Committees at various levels- Orders – Issued.

DEPARTMENT FOR WOMEN CHILDREN DIFFERENTLY ABLED AND SENIOR CITIZENS (PROGS.I-A2)

G.O.MS.No. 39 Dated: 21-07-2016

Read the following:-

1. G.O.Ms.No.17, Dept. for WCD & SC (ICDS), Dt:27.7.2013.
2. G.O.Ms.No.1, Dept. for WCD & SC (Progs.I), Dt:12.01.2015.
3. G.O.Ms.No.8, Dept. for WCD & SC (Progs.I), Dt:13.03.2015.
4. Announcement of Hon'ble Chief Minister in National symposium on child nutrition held on 17.06.2016.
5. Letter received from the Special Commissioner, WD&CW, Hyderabad, Letter No.4211/J2/2016, dated 30.06.2016

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ORDER:

Recognition of nutrition as a development priority has resulted in an increasing attention on ending under nutrition and a call for enhanced investment in nutrition. Specific goals have been set for ending under nutrition. The World Health Assembly, endorsed a 13-year (2012–2025) comprehensive implementation plan to alleviate the triple burden of under nutrition, micronutrient deficiencies and overweight and obesity in children, by supporting attainment of the following six global targets:

i. 40% reduction in the number of children under-five who are stunted
ii. 50% reduction in anaemia in women of reproductive age
iii. 30% reduction in low birth weight
iv. No Increase in childhood overweight
v. Increase rates of exclusive breastfeeding in the first 6 months up to at least 50%
vi. Reduce and maintain childhood wasting to less than 5%

2. The Government of Andhra Pradesh is committed to accelerate the reduction of all forms of malnutrition in Women and Children, and therefore has decided to set up a State Nutrition Mission, with an aim to deliver evidence based nutrition services at scale and with equity. The State Nutrition Mission will focus on multi-sectoral approaches, combining nutrition-specific and nutrition-sensitive interventions to effect a more holistic sustainable response to improve the child nutrition, with a priority focus on those districts that have the highest burden of stunting in terms of both prevalence and number of children affected.

3. The AP State Nutrition Mission seeks to address undernutrition in the State in the shortest time possible through evidence based informed planning, scaling up of proven, tested and affordable technologies, while fine tuning existing strategies which will be a dedicated, stand-alone mission that intends to focus on undernutrition in the State in a time-bound, comprehensive and targeted manner.

3. To further accelerate improvements in the State, the State Nutrition Mission shall:

a. Focus on improving nutrition during the first 1,000 days of life – targeting adolescent girls pregnant and nursing women, and children below two years. The thrust shall be delivery at scale of the evidence based essential nutrition specific and nutrition sensitive interventions.

b. Prioritize geographically districts with high level of child undernutrition, tribal blocks, urban slums to reduce inequities.

c. Coordinate a multi-sectoral response to undernutrition, provide leadership and strengthen inter-departmental coordination for nutrition, especially in providing oversight in the delivery of essential nutrition interventions at scale and with equity.

d. Strengthen monitoring, evaluation and knowledge management designed to inform policy, programme delivery and guide advocacy efforts and partnerships.

e. Give due importance to evidence generation on emerging nutrition challenges including issues and implications of climate change and environment.

3.1 Vision of the Mission

An independent body provides an enabling and coordinative environment that supports the acceleration of implementation and monitoring of essential nutrition interventions, especially in the most disadvantaged communities.

3.2 Objectives

The Mission intends to contribute to:

a. Increase breastfeeding in children under three years within one hour of birth by 25% points, in reference to the baseline figures, by 2026. (NFHS-4-2015-16 data: 40.1%)

b. Increase exclusive breastfeeding rates by 20%, in reference to the baseline figures, by 2026 ((NFHS-4-2015-16 data: 70.2%)

c. Increase in the number of children receiving solid and semi-solid foods and breast milk by 20% points, in reference to the baseline figures, by 2026. ((NFHS-4-2015-16 data: 56.1%)

d. Increase in the number of infants 6-23 months receiving adequate diet (four food groups), by 25% points, in reference to the baseline, by 2026. ((NFHS-4-2015-16 data:7.6%)

e. Reduce the prevalence of stunting by 15% points, in reference to the baseline figures, by 2026 (NFHS-4-2015-16 data: 31.9%)

f. Reduce the prevalence of anaemia among women of reproductive age by 20% points, in reference to the baseline figures, by 2026 (NFHS-4-2015-16 data: 60.2%)

g. Reduce the prevalence of low birth weight by 10% points, by 2026. (NFHS-3 2005-06 data- 19%)

3.3 Strategies and initiatives under Nutrition Mission

The Strategies for accelerating improvements in Andhra Pradesh is critical, and the focus needs to be multi-sectoral that targets districts with high burden of malnutrition and high proportion of socially excluded groups such as scheduled tribes. Delivery at scale and with equity the evidence-based interventions with particular emphasis on improved adequacy of diets for children between 6-23 months, improved access and use of sanitation facilities and interventions to improve nutrition, early childhood development and care of adolescent girls will go a long way in accelerating improvements in the nutrition outcomes in the state. The AP State Nutrition Mission shall coordinate the efforts of the various departments and provide a platform of exchange and feedback mechanism on measures that need to be attended to. The mission will take cognizance of the areas and components that are already included in the existing design of schemes and programmes yet it will also take into account ways for innovation especially in incorporating evidence based approaches. The Mission will focus on the 1000 days (pregnancy and two years of birth) strategy and initiate or support pilots to cater to the under twos to address chronic under nutrition. Dialogue will be geared

towards converging and developing a multi sectoral response by synergizing programmes under the key line ministries such as Women and Child Welfare (through ICDS), health and family welfare (through NHM), Water and Sanitation (through SBM). In addition, support will also be drawn from the other sectors such as education, tribal welfare, rural development, agriculture and food and civil supplies.

4. The following interventions are proposed:

Strategy 1: Strengthening of systems to deliver essential nutrition interventions

Nutrition specific

- Weighing of a child within 6 hours of birth and thereafter at monthly intervals
- Initiation of breastfeeding within one hour of birth, and feeding of colostrum to the infant.
- Exclusive breastfeeding during the first six months of life
- Timely introduction of complementary foods at six months and adequate intake (four kinds of foods) of the same, in terms of quantity, quality, consistency and frequency for children between 6-24 months.
- Dietary supplements of all children between 6 months – 36 months through food supplementation to bridge the protein calorie gap.
- Safe handling of complementary foods and hygienic complementary feeding practices.
- Complete immunization and vitamin A, IFA supplementation.
- De-worming of all family members bi-annually.
- Frequent, appropriate, and active feeding for children during and after illness, including oral rehydration with Zinc supplementation during diarrhea.
- Timely special care and supervisory feeding (Gorumuddalu) for all children with underweight severe and acute malnutrition (SUW/SAM/MAM).
- Dietary supplements of iron–rich, energy dense fortified supplementation for adolescent
- Girls and women, especially during growth periods and pregnancy to fill the protein calorie gap and ensure optimal weight gain during pregnancy
- Anaemia screening for children, adolescent girls and women.
- Weight monitoring of all adolescent girls and pregnant women.
- Prevention and management of micronutrient deficiencies, especially through IFA supplementation to prevent anemia in adolescent girls and women and calcium to pregnant women. (throughout pregnancy and six month of lactation)
- Distribution of double fortified salt to the all ICDS beneficiaries under PDS
- Upgrading of the capacity development programme for all AWW and associated programme staff at state, district and block levels.
- Promote consumption of millets by creating awareness through demonstrations etc., on the importance and nutritive value and health benefits of millets.
- Effective use of data for decision making at different levels

Nutrition sensitive

- Step up advocacy efforts to prevent child marriage
- Increased opportunities for female education and completion of secondary schooling for the girl child, delayed age of marriage and pregnancy
- Increased access to basic health services by women
- Expanded and improved nutrition education and involvement at Panchayat and communities in demand creation
- Increased gender equity
- Initiate Kitchen Gardens in all AWCs in partnership with the Agriculture and Horticulture Departments.

System specific:

- Build the capacity of Middle Level Training Centers and Anganwadi Training Centers on nutrition focussed content to conduct refresher training to AWWs and Supervisors with action oriented points.
- Ensure regular review with focus on nutrition actions and outcomes at different levels

Strategy 2: Strengthen the policy and regulatory framework

- Review and work out the approval of a State Nutrition Policy for Andhra Pradesh
- Programme review to inform certain policy shifts that may be required to strengthen core interventions on nutrition, their dissemination and adoption
- Policy and enforcement gap analysis and outline policy proposals

Strategy 3: Linkages with existing schemes and scale-up of community-based initiatives

- Promote community-based events such as Annaprasana and Seemanthalu to promote infant and young child feeding practices and care of pregnant women by engaging the communities and elected bodies of the local government
- Scale up quality interventions in support of early childhood development by supporting those working on the frontline-community workers, health professionals, teachers, and caretakers;
- Support and train those on the frontline who interact directly with children and their families, to ensure they have access to quality education, health, nutrition, and social protection services.
- Establish linkages with the Smart AP foundation and its 9600 registered partners to support the implementation of Smart Village - Smart Ward towards Smart Andhra Pradesh initiative, with focus on “malnutrition-free” villages.
- Build and strengthen Panchayati Raj and Rural Development initiatives: This will help in creating better understanding and monitoring of nutrition interventions in villages; promoting block and sector level planning for convergent actions; encouraging local resources initiatives on nutrition; organising community communication campaigns on essential nutrition intervention
- Address the issues of adequate water, sanitation and hygiene facilities in

the communities. Communities will be mobilized to end open defecation in their villages, including safe disposal of child's excreta.

- Help ensure that hygiene, and especially handwashing with soap become lifelong practices, better hygiene behaviour is promoted at a very young age through *anganwadis;* including promotion of innovative approaches such as daily group handwashing in *anganwadis*, as well as extensive collaboration with early childhood education, education and nutrition programmes.

- Incorporate safe water handling through behavior change promotion efforts and ensure that water quality is not compromised between the point of extraction and the point of use.

Strategy 4: Social and Behavior Change Communication

- Develop State-specific social and behavior change communication strategy (priority areas, small doable actions and identifying the drivers of the behaviors), for each of the prioritized interventions identifying key stake holders and communication channels.

- Build the capacity of ICDS middle level managers, supervisors and frontline workers and promote the use of behavior change communication

- Garner the support and promote the engagement of print and electronic media

Strategy 5: Evidence generation

- Establish partnerships with State, National and International Research and Public Policy and Nutrition Research institutes, academic research centres for collaborative work on maternal and child nutrition

- Set up a system where the nutrition challenges become part of a State nutrition research agenda; and where research results are disseminated and used for public policy decision making

- Scale up the use and dissemination of the results of the concurrent monitoring

- Carry out assessment of implementation of the nutrition programme either in the form of "shadowing," indirect or direct assessment strategies on a regular basis in a random sample of staff

Strategy 6: Innovation and technology for change

- Use of the name-based tracking system to ensure optimal coverage of beneficiaries and help in use of data for decision making purposes.

- Development, popularization and use of a mobile App on Nutri-Ed

- Operationalize the ICT enabled real time monitoring information through a common application software by providing smartphones to AWWs and replicate it across the state after the pilot experiences

- Design, development and use of open learning/distance learning opportunities for AWW and their supervisors with built-in quality assurance mechanism

- Adaptation of U-Report, a mobile platform where communities and adolescents can raise their views as well as get to know essential information on nutrition initiatives

- Raising the profile of folk/indigenous forms of communication, especially in tribal areas

- Creation of Nutri-hubs in strategic locations and Nutri-exchange between districts

- Participatory documentation by communities using low-cost mobile technology

5. Institutional Mechanism and Coordination:

The Andhra Pradesh State Nutrition Mission will be the institutional mechanism that will plan, implement and monitor the nutrition interventions to its last detail. The responsibility for implementing the Nutrition Plan of Action (PoA) will be shared across all the departments. Some of the key decisions in this regard include:

All departments with specific roles as envisaged in the PoA to be represented by their respective administrative heads in the Nutrition Mission.

The Mission mode will include resources, authority and convergence at all levels through a strengthened infrastructure.

The Mission Unit will be funded by UNICEF and the other components of the Mission will be managed through central and state budget. Efforts will be made to engage development partners, where possible for technical and financial support.

6. Operational Details:

The Mission will be implemented through the Women and Child Welfare Department in coordination with concerned sectoral Departments. At the State level, the Steering Committee will be chaired by the Hon'ble Chief Minister and the Mission will be guided by an Advisory Committee which will be chaired by the Chief Secretary. At the implementation level, the Hon'ble Minister, Women and Child Welfare will chair the Nutrition Mission Monitoring and Implementation Committee with representation from senior officers of concerned sectoral Departments.

The Mission Steering Committee will be the key decision making body. The existing nutrition council will be partially modified to convert into a Mission Steering Committee.

The Mission will have an Advisory Committee, chaired by the Chief Secretary and that the main function of the Committee will be to review allocations made under each member department for nutrition interventions. This committee will meet on a quarterly basis. It will also assess expenditure versus planned budget, for components contributing to nutrition indicators.

Further the State Nutrition Mission monitoring and implementing committee will report to the State Steering Committee. The monitoring and implementation committee, which will be chaired by the Hon'ble Minster–WCD with Director General of the Mission as a Convener.

The State Nutrition Mission Unit will be established in the Department of Women and Child Development.

A. State Level Nutrition Mission Advisory Committee will be as follows:

1	Chief Minister	Chairperson
2	Minister of Women & Child Welfare	Co- Chairperson
3	Principal Secretary/ Secretary of Women Children, Disabled & Senior Citizen	Member
4	Prl. Secretary/ Secretary of Medical, Health & Family Welfare	Member
5	Principal Secretary/ Secretary of Rural Development	Member
6	Principal Secretary/ Secretary of Panchayati Raj	Member
7	Principal Secretary/ Secretary of Rural Water Supply and Sanitation	Member
8	Principal Secretary/Secretary Muncipal Admin. and Urban Development	Member
9	Principal Secretary/ Secretary of Planning	Member

10	Principal Secretary/ Secretary of Tribal Welfare	Member
11	CEO – SERP	Member
12	Commissioner, Health & Family Welfare	Member
13	Managing Director, MEPMA	Member
14	Commissioner, Women Development & Child Welfare	Member-Convener

Functions of the State Level Nutrition Mission Advisory Committee :

1. Advise on key policy decisions for achieving the set targets of the Mission

2. Guide, direct and review new proposals which will contribute to achieving the targets

3. Bring synergy with the line ministries for effective implementation

4. Explore to enhance inter-departmental collaboration and promote the use of information technology

   The committee shall meet once in six months.

B. State Level Nutrition Mission Implementation and Monitoring Committee Composition will be as follows:

1	Minister, Women development and Child Welfare	Chairperson
2	Principal Secretary to Government Dept. for Women, Children, Disabled & Senior Citizens	Member
3	Director, National Institute of Nutrition	Member
4	Technical Director, Food & Nutrition Board	Member
5	Managing Director, A.P. Foods	Member
6	02-representatives of leading NGO's	Members
7	02-Nutritional experts / Professional bodies/ Colleges/Universities	Members
8	State Representative, UNICEF	Member
9	CEO, SERP, PR&RD Department	Member
10	Mission Director, NRHM, Family Welfare Dept.	Member
11	Commissioner, Tribal Welfare Department	Member
12	Commissioner, Civil supplies Department	Member
13	Commissioner, Primary Education	Member
14	Commissioner, Commissioner, I&PR	Member
15	Managing Director, A.P. WCFC	Member
16	Commissioner, WD & CW	Member-Convener

Functions of the State Level Nutrition Implementation and Monitoring Committee:

1. Oversee programme implementation
2. Review planned budget versus expenditures
3. Provide sanctions for technical and financial allocations
4. Monitor, review and consolidate various initiatives taken under the Mission
5. Review the progress against targets, find out bottlenecks and establish linkages with respective departments to improve accountability
6. The committee will share regular update with the Mission Steering Committee once in six months. This committee will meet once in six months.

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C. **<u>District Level Mission Monitoring and Implementation Committee:</u>**

1.	District Minister	Chairperson
2.	District Collector	Co-Chairperson
3.	ZP Chairpersons, MLAs and Municipal Chairperson/Mayor	Member
4.	PD (DRDA), PD (MEPMA), PO (ITDA)	Members

5.	SE (RWS) & SE (PR)	Members
6.	Addl. DM&HOs & DPHN	Members
7.	Zilla Mahila Samakhya (ZMS)Chairperson	Member
8.	DM&HO	Member
9.	PD (ICDS)	Member Convener

D. Mandal Level Mission Monitoring and Implementation Committee:

1.	MPP	Chairperson
2.	Dy. DM&HOs Members	Member
3.	Medical Officer, Primary Health Centre	Member
4.	Other members of Mandal JB Committee [i.e., ZPTC, MPTC (2), Sarpanches (2) Social Activists (2), SHG Members (1), MPDO]	Members
5.	AE (RWS) & AE (PR)	Members
6.	ICDS Supervisors, MPHS (M&F), MPHEO	Members
7.	Mandal Mahila Samakhya Chairperson	Member
8.	CDPO	Member – Convener

E. ULB Level Mission Monitoring and Implementation Committee:

1.	Municipal Chairperson / Mayor	Chairperson
2.	Municipal Health Officer	Member Convener
3.	CDPO	Member - Co-Convener
4.	Other members of JB Committee [i.e., Ward member/Corporator (1), Social Activists (3/4), Commissioners]	Members
5.	ICDS Supervisors, Urban Health Centre (UHCs) MOs	Members
6.	EE / Dy.EE (PR)	Member
7.	Town Level federation Chairperson	Member

F. GP Level Mission Monitoring and Implementation Committee:

1.	Sarpanch	Chairperson
2.	Gram Panchayat (GP) Secretary	Member Convener
3.	ANM & Head Quarter AWW	Member - Co-Conveners
4.	Other members of GP Janma Bhoomi (JB) Committee [i.e., MPTC, SHG (2), Social Activists (2)]	Members
5.	All the ASHAs & Other AWWs	Members
6.	VO Chairpersons	Members

The District, Mandal, ULB & GP level Nutrition Mission Implementation and Monitoring Committees shall meet once in a month and shall invite experts, NGOs and activists in their meetings.

The Nutrition Mission Implementation and Monitoring Committees will have the following roles and responsibilities -

- To set goals for improving health and nutrition status of Pregnant & Lactating Women, Children below 5 years and Adolescent Girls
- To ensure name based tracking of all the Pregnant Women and Lactating Mothers and Children (0-5 years) for delivery of Maternal & Child Health Services
- To ensure that all the High Risk Pregnant Women & High Risk Children are properly identified and that the community as well as facility based care is provided to the High Risk case
- To prepare Health and Nutrition plans and to implement the same
- To review the health, nutrition, drinking water and sanitation issues in their jurisdiction and to set priorities and identify high risk areas
- To identify gaps in service delivery and assist and contribute in improving delivery of quality services

- To identify areas of concerns in awareness and attitudes and be responsible for behaviour change in community
- To review action taken and report progress as per prescribed formats
- To receive corpus/ revolving funds etc, if any for effective delivery of health & nutrition services.

8. Nutrition Mission State Level Unit:

The A.P. State Nutrition Mission unit will be located in the Department of Women Development and Child Welfare with the following:

1.	Director-General	The Commissioner, WD&CW will be the ex-Officio Director General
2.	Director Training	One of the Joint Director of Women & Child Welfare Department
3.	Director Monitoring	One of the Joint Director of Women & Child Welfare Department
4.	Joint Director Health	One of the Joint Directors from the Health Medical & Family Welfare
5.	Joint Director Child Development	Joint Director (ICDS) will be ex-officio Joint Director (Child Development)

9. Monitoring and Evaluation

The Mission will be vigorously monitored at the administrative and community levels, using participatory mechanisms. The Mission progress will be facilitated through intensive monitoring of nutritional indicators outlined in the Mission Projects by the Mission Secretariat, Community Monitoring, and by third-party evaluations. The name-based tracking system will be strengthened to ensure effective use of the data. The ICT-RTM pilot will be closely monitored to see the impact and replicate it across the districts in a phased manner.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

Dr.(Smt.) POONAM MALAKONDAIAH,
PRINCIPAL SECRETARY TO GOVERNMENT (FAC).

To
1. P.S. to Hon'ble Chief Minister of Andhra Pradesh.
2. P.S. to Hon'ble Minister, Women development and Child Welfare,
3. P.S. to Prl. Secretary to Govt., Dept. for WCDA & SC.
4. Prl. Secretary/ Secretary of Medical, Health and Family Welfare.
5. Principal Secretary/ Secretary of Rural Development.
6. Principal Secretary/ Secretary of Panchayati Raj.
7. Principal Secretary/ Secretary of Rural Water Supply and Sanitation.
8. Principal Secretary/Secretary MA&UD.
9. Principal Secretary/ Secretary of Planning.
10. Principal Secretary/ Secretary of Tribal Welfare.
11. Director, National Institute of Nutrition.
12. Technical Director, Food & Nutrition Board.
13. Managing Director, A.P. Foods.
14. Member 02-representatives of leading NGO's.
15. 02-Nutritional experts / Professional bodies/ Colleges/Universities.
16. State Representative, UNICEF.
17. CEO, SERP, PR&RD Department.
18. Mission Director, NRHM, Family Welfare Dept.
19. Commissioner, Tribal Welfare Department.
20. Commissioner, Civil supplies Department.
21. Commissioner, Primary Education.
22. Commissioner, Commissioner, I&PR.
23. Managing Director, A.P. WCFC.
24. Commissioner, Women Development & Child Welfare, Department.

// FORWARDED :: BY ORDER //

SECTION OFFICER